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FACSIMILE TRANSMISSION

Date: June 13, 2008

Pages: 17 (including cover)

Fax No.: 571-273-8300

To: United States Patent Office
Attention: Examiner WOZNIAK (Art Unit 2626)

From: James M. Alpert

RE: RCE

Applicants: SASAKI et al.

Atty. Dkt.: 11-168-RCE

Serial No.: 10/608,002

Group Art Unit: 2626


Filed: 6/30/2003

Examiner: James S. WOZNIAK

Title: VOICE INTERACTIVE COMPUTER
SYSTEM

The following documents are being submitted herewith:

- Transmittal form (1 page)
- Fee Transmittal form including authorization of fees of \$1,860 to be charged to Deposit Account No. 50-1147 (1 page)
- Petition for Three-Month Extension of Time (1 page)
- Request for Continued Examination (RCE) Transmittal (1 page)
- Amendment (12 pages)

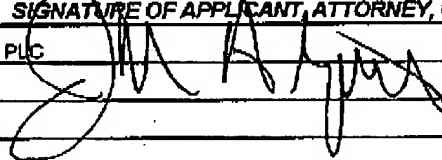
CERTIFICATE OF FACSIMILE TRANSMISSION	
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Typed Name: Trish Kushin	
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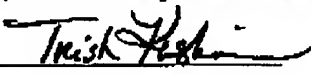
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JUN 13 2008

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/608,002	
	Filing Date	6/30/2003	
	First Named Inventor	SASAKI et al.	
	Art Unit	2626	
	Examiner Name	James S. WOZNIAK	
Total Number of Pages in This Submission	16	Attorney Docket Number	11-168-RCE

ENCLOSURES <small>(Check all that apply)</small>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE)
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Posz Law Group, PLLC	
Signature		
Printed name	James M. Alpert	
Date	June 13, 2008	Reg. No. 59,926

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JUN 13 2008

FEE TRANSMITTAL		Application Number	10/808,002
		Filing Date	6/30/2003
		First Named Inventor	SASAKI et al.
		Examiner Name	James S. WOZNIAK
		Art Unit	2626
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No.	11-168-RCE
TOTAL AMOUNT OF PAYMENT		(\$)	1860

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	\$
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Small Entity Fee (\$)	Fee (\$)
50	25
210	105
370	185

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP =

x

=

HP = highest number of total claims paid for, if greater than 20

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

- 3 or HP =

x

=

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is

\$

(\$ for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets**Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

- 100 =

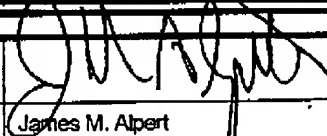
/ 50 =

(round up to a whole number) x

Fees Paid (\$)**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other Request for Continued Examination (\$810) & 3-Month Extension of Time (\$1050) Fees**\$1860**

SUBMITTED BY		
Signature		Registration No. 59,826
Name (Print/Type)	James M. Alpert	Telephone (703) 707-9110
		Date June 13, 2008

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